

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KENTUCKIANS FOR STRONG LEADERSHIP		FEC IDENTIFICATION NUMBER ▼ C C00543256	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table>	

Full Name of Payee Grit Creative LLC			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">11</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">01</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2016</table>		
Mailing Address 324 Capital Ave.			Amount <table border="1" style="display:inline-table; width:100%; text-align:right">11770.00</table>		
City Frankfort	State KY	Zip Code 40601	Transaction ID : SE.4602		
Purpose of Expenditure Radio advertising		Category/ Type <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">004</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">31</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2016</table>		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u>		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px; text-align:right">736520.13</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Grit Creative LLC			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">11</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">01</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2016</table>		
Mailing Address 324 Capital Ave.			Amount <table border="1" style="display:inline-table; width:100%; text-align:right">1000.00</table>		
City Frankfort	State KY	Zip Code 40601	Transaction ID : SE.4603		
Purpose of Expenditure Radio production		Category/ Type <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">004</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">31</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2016</table>		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u>		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px; text-align:right">724750.13</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%; text-align:right">12770.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; width:100%; text-align:right"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%; text-align:right"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, G., ,

[Electronically Filed]

Date

 /

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KENTUCKIANS FOR STRONG LEADERSHIP		FEC IDENTIFICATION NUMBER ▼ C C00543256
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Grit Creative LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016
Mailing Address 324 Capital Ave.		Amount 12210.00
City Frankfort	State KY	Zip Code 40601
Purpose of Expenditure TV advertising	Category/Type 004	Transaction ID : SE.4604 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 723750.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee JAMESTOWN ASSOCIATES		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016
Mailing Address 116 Craig Road		Amount 52210.87
City Manalapan	State NJ	Zip Code 07726
Purpose of Expenditure Radio advertising	Category/Type 004	Transaction ID : SE.4605 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 711540.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	64420.87
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Adams, Michael, G., ,

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Date

MM / DD / YYYY
11 / 01 / 2016

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee JAMESTOWN ASSOCIATES		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016
Mailing Address 116 Craig Road		Amount 7493.00
City Manalapan	State NJ	Zip Code 07726
Purpose of Expenditure TV advertising	Category/Type 004	Transaction ID : SE.4606 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 659329.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee JAMESTOWN ASSOCIATES		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016
Mailing Address 116 Craig Road		Amount 1500.00
City Manalapan	State NJ	Zip Code 07726
Purpose of Expenditure Radio production	Category/Type 004	Transaction ID : SE.4607 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 738020.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8993.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	86183.87

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Adams, Michael, G., ,

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Date

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11 / 01 / 2016

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